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This module is directed toward oncology nurses or other individuals who administer Antineoplastic Agents to patients. Other terms used for antineoplastic agents include chemo-therapeutic drugs, cytotoxic drugs, and anti-cancer drugs.

1. During your career (including all jobs at this and other facilities), how long have you been administering antineoplastic agents to patients?
 - ☐ Less than 6 months
 - ☐ At least 6 months but less than a year
 - ☐ 1-5 years
 - ☐ 6-10 years
 - ☐ 11-20 years
 - ☐ More than 20 years

2. When have you received formal training at this facility on procedures for the safe handling of antineoplastic agents?
Please ✓ all that apply.
 - ☐ During orientation for your current job or task
 - ☐ Once, but not at orientation
 - ☐ Periodically, but less than once per year
 - ☐ At least annually (i.e., one or more times every year)
 - ☐ Other (Please specify): _____
 - ☐ Never received training at this facility

3. Have you received any certification for handling antineoplastic agents?
Please ✓ all that apply.
 - ☐ Yes, by employer
 - ☐ Yes, by the Oncology Nursing Certification Corporation (OCCN). This includes OCN[®], CPON[®], AOCNP, and AOCNS.
 - ☐ Yes, other certification (Please specify): _____
 - ☐ No

4. Have you seen a copy of the OSHA guidelines for handling hazardous drugs at this facility?
 - ☐ Yes
 - ☐ No

5. Have you seen written policies or standard procedures at this facility for working with antineoplastic agents?
 - ☐ Yes
 - ☐ No

6. Do you ever wear or take home any clothing (protective clothing or street clothes) which were worn when handling antineoplastic agents at this facility?
 - ☐ Yes
 - ☐ No

7. At any time in the **past 7 calendar days** did you administer antineoplastic agents to patients?

☐ Yes
☐ No



Skip to Question 30.

8. During the past 7 calendar days, which of the following antineoplastic agents did you administer to patients? **Please ✓ all that apply.**

☐ Aldesleukin
☐ Alemtuzumab
☐ Alitretinoin
☐ Altretamine
☐ Aminoglutethimide
☐ Amifostine
☐ Anastrozole
☐ Arsenic trioxide
☐ Asparaginase-E. coli strain
☐ BCG live
☐ Bexarotene
☐ Bicalutamide
☐ Bleomycin
☐ Busulfan
☐ Capecitabine
☐ Carboplatin
☐ Carmustine
☐ Cetuximab
☐ Cisplatin
☐ Chlorambucil
☐ Cladribine
☐ Cyclophosphamide
☐ Cytarabine
☐ Dacarbazine
☐ Daunorubicin
☐ Dactinomycin
☐ Denileukin diftitox

☐ Docetaxel
☐ Doxorubicin
☐ Epirubicin
☐ Estramustine
☐ Etoposide
☐ Exemestane
☐ Floxuridine
☐ Fludarabine
☐ Flutamide
☐ Fluorouracil
☐ Gemcitabine
☐ Gemtuzumab ozogamicin
☐ Goserelin
☐ Hydroxyurea
☐ Idarubicin
☐ Ifosfamide
☐ Imatinib mesylate
☐ Interferon Alfa-2a
☐ Interferon Alfa-2b
☐ Irinotecan
☐ Letrozole
☐ Leuprolide
☐ Lomustine
☐ Megestrol
☐ Mercaptopurine
☐ Merchlorethamine

☐ Melphalan
☐ Methotrexate
☐ Mitomycin-C
☐ Mitotane
☐ Mitoxantrone
☐ Nilutamide
☐ Oxaliplatin
☐ Paclitaxel
☐ Pegaspargase
☐ Pentostatin
☐ Plicamycin
☐ Procarbazine
☐ Rituximab
☐ Streptozocin
☐ Tamoxifen
☐ Temozolomide
☐ Teniposide
☐ Thioguanine
☐ Thiotepa
☐ Topotecan
☐ Toremifene
☐ Trastuzumab
☐ Tretinoin
☐ Valrubicin
☐ Vinblastine
☐ Vincristine
☐ Vincorelbine


☐ Other (Please specify up to 2 more antineoplastic agents):

1. _____

2. _____

9. During the past 7 calendar days, how many days did you administer antineoplastic agents to patients? Number of days.....
(Please write a number from 1-7)
10. During the past 7 calendar days, what was the total number of treatments of antineoplastic agents you administered to patients? (*One treatment equals all drugs administered to one patient during one visit.*)
- ☐ 1-2 treatments
 - ☐ 3-4 treatments
 - ☐ 5-9 treatments
 - ☐ 10-20 treatments
 - ☐ 21-40 treatments
 - ☐ More than 40 treatments
11. How does the number of treatments of antineoplastic agents you administered during the past 7 calendar days compare with most weeks?
- ☐ Past 7 days were about normal
 - ☐ Past 7 days were less than normal
 - ☐ Past 7 days were greater than normal
12. During the past 7 calendar days, in which of the following areas of this facility did you **ever** administer antineoplastic agents to patients? **Please ✓ all that apply.**
- ☐ a Patient's hospital room
 - ☐ b. Treatment room (e.g., for infusion therapy)
 - ☐ c. Specialty area (e.g., X-ray)
 - ☐ d. Private physician's office
 - ☐ e. Patient's home
 - ☐ f. Some other location (Please specify):

- 12A. From the location(s) checked above, please write the **letter** (a, b, c, etc.) corresponding to the area where you most often administered antineoplastic agents. Most often administered.....

13. During the past 7 calendar days, while administering antineoplastic agents to patients, how often did you use a...
- | | Always | Sometimes | Never | Don't Know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Designated room or area?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Drug delivery system with Luer-lock (or other similar type) fittings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Needle-less system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Plastic-backed absorbent pad under the patient's arm? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
14. During the past 7 calendar days, how often did you store prepared antineoplastic agents in a designated and restricted area before administering to patients?
- ☐ Always
☐ Sometimes
☐ Never
15. During the past 7 calendar days, which of the following best describes how antineoplastic agents were most commonly received from the pharmacy (or drug preparation area)?
Please ✓ only one.
- ☐ Primed with antineoplastic agent
☐ Primed with diluent (i.e., a liquid other than antineoplastic agent)
☐ Primed, unsure of the solution used
☐ IV tubing is not primed
16. During the past 7 calendar days, how often did you prime the IV tubing before administering antineoplastic agents to patients?
- ☐ Always
☐ Sometimes
☐ Never
17. During the past 7 calendar days, how many times did you puncture your skin with a sharp while administering antineoplastic agents?
- ☐ None
☐ One time
☐ 2-3 times
☐ 4-5 times
☐ More than 5 times
18. During the past 7 calendar days while you were handling or administering antineoplastic agents, did a leak or spill of any amount (even a few drops) ever occur?
- ☐ Yes
☐ No  **Skip to Question 21.**

19. During the past 7 calendar days, did any of the following factors cause a leak of antineoplastic agents during handling or administration?

	Yes	No
a. Leak from syringe while attaching, injecting, or detaching from IV line	<input type="checkbox"/>	<input type="checkbox"/>
b. Leak while drawing up or expelling air from syringe	<input type="checkbox"/>	<input type="checkbox"/>
c. Leak due to a bad connection	<input type="checkbox"/>	<input type="checkbox"/>
d. Leak due to excessive pressure in vial	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (Please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

20. During the past 7 calendar days, how many spills (even a drop or two) of antineoplastic agents occurred during handling or administration?


	No spills	1-2 spills	3-5 spills	More than 5
a. Spills less than 5ml	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spills more than 5ml.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. During the past 7 calendar days, did any of the following areas of your skin come into direct contact with antineoplastic agents (i.e., became wet) during handling or administration?

	Yes	No
a. Face	<input type="checkbox"/>	<input type="checkbox"/>
b. Neck	<input type="checkbox"/>	<input type="checkbox"/>
c. Hands	<input type="checkbox"/>	<input type="checkbox"/>
d. Wrist or forearm	<input type="checkbox"/>	<input type="checkbox"/>
e. Torso, legs or feet	<input type="checkbox"/>	<input type="checkbox"/>

The following questions pertain to your use of personal protective equipment (PPE) while handling and administering antineoplastic agents.

22. During the past 7 calendar days, did you wear a **water resistant gown or outer garment with closed front and tight cuffs** while administering antineoplastic agents to patients?

☐ Always 
☐ Sometimes
☐ Never

Skip to Question 24.


23. What were the reason(s) you did not always wear a **water resistant gown or outer garment with closed front and tight cuffs** while administering antineoplastic agents? Please ☒ all that apply.

- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
☐ 3. Not required by employer
☐ 4. Not provided by employer
☐ 5. Not standard practice
☐ 6. Too uncomfortable or difficult to use
☐ 7. Not readily or always available in work area
☐ 8. Cross contamination to other areas is not a concern
☐ 9. Concerned about raising the patient's anxiety
☐ 10. Other (Please specify): _____

- 23A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear a **water resistant gown or outer garment with closed front and tight cuffs** while administering antineoplastic agents.

Most important reason

24. During the past 7 calendar days, did you wear **latex or chemo gloves** while administering antineoplastic agents to patients?

☐ Always 
☐ Sometimes
☐ Never

Skip to Question 26.

25. What were the reason(s) you did not always wear **latex or chemo gloves** while administering antineoplastic agents? Please ✓ all that apply.
- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
 - ☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
 - ☐ 3. Not required by employer
 - ☐ 4. Not provided by employer
 - ☐ 5. Not standard practice
 - ☐ 6. Too uncomfortable or difficult to use
 - ☐ 7. Not readily or always available in work area
 - ☐ 8. Cross contamination to other areas is not a concern
 - ☐ 9. Concerned about raising the patient's anxiety
 - ☐ 10. Other (Please specify): _____

25A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **latex or chemo gloves** while administering antineoplastic agents.


Most important reason



During the past 7 calendar days if you NEVER wore latex or chemo gloves when administering antineoplastic agents, skip to question 28.

26. During the past 7 calendar days, did you perform any of the following activities while wearing **latex or chemo gloves** that had been used to administer antineoplastic agents?
- a. Answer the phone
 - b. Use a keyboard or calculator
 - c. Handle files or record cards
 - d. Eat or drink
 - e. Smoke

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

27. During the past 7 calendar days, did you **ever** reuse **protective gloves** while administering antineoplastic agents (reuse means remove and later put on the same gloves)?
- ☐ Yes
☐ No
28. During the past 7 calendar days, did you wear **eye protection** (safety glasses, goggles, face shield) while administering antineoplastic agents to patients?
- ☐ Always  **Skip to Question 30.**
☐ Sometimes
☐ Never
29. What were the reason(s) you did not always wear **eye protection** while administering antineoplastic agents?
Please ✓ all that apply.
- ☐ 1. Potential for exposure to antineoplastic agents is insignificant
☐ 2. Exposure to antineoplastic agents is possible but the health hazard is insignificant
☐ 3. An engineering control (e.g., exhaust ventilation or an enclosure) is already being used
☐ 4. Not required by employer
☐ 5. Not provided by employer
☐ 6. Not standard practice
☐ 7. Too uncomfortable or difficult to use
☐ 8. Not readily or always available in work area
☐ 9. Concerned about raising the patient's anxiety
☐ 10. Other (Please specify): _____
- 29A. From the reason(s) checked above, please write the number (1, 2, 3, etc.) of the one **most important reason** you did not always wear **eye protection** while administering antineoplastic agents.
- Most important reason

**You have now completed this module.
Thank you.**